| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID PWS Name CI | | | | Cla | ssification | Population | Owner Type | Primary Source |
|--------------------|---------------------|-------------|-------|-----------|-------------|------------|-----------------|----------------|
| CT0230392 | CHERRY BROOK SCHOOL | | | | NTNC | 615 | L | GW |
| Local Address (v | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural | |
| 4 BARBOURTOV | VN ROAD | Connections | 1 | | | | | |

| Towns Served: CANTON | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 500) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/18 | 6/1-9/30 | Complete |
| | 1/1/17 - 12/31/19 | 6/1-9/30 | |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Nitrate And Nitrite (NOX) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Organic Chemicals (VOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/20 | | |
| | 1/1/21 - 12/31/23 | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connecticut De | partment of | Public H | lealth D | rinking | Water S | Section | | | | |
|-------------|--|--------------------|-------------------|----------------|----------------|-------------------|--------------|------------------|--|--|--|
| | Water Qu | iality Monito | ring an | d Comp | liance So | chedule | <u>}</u> | | | | |
| PWS ID | PWS Name | | <u> </u> | | | | wner Type Pr | imary Source | | | |
| СТ023039 | 2 CHERRY BROOK SCHOOL | | | | NTNC | 615 | L | GW | | | |
| Local Add | ress (where applicable) | | Service | Residential | Commercial | Industrial | Combined | Agricultural | | | |
| 4 BARBOU | 4 BARBOURTOWN ROAD Connections 1 | | | | | | | | | | |
| Towns Ser | Towns Served: CANTON | | | | | | | | | | |
| | Other Compliance Schedules | | | | | | | | | | |
| Complian | ce Schedule Activity | | | Due | e Date | Achievo | ed Date | | | | |
| SUBMIT L | EAD CONSUMER NOTICE CERTIFI | CATE | | 12/2 | 9/2012 | | | | | | |
| CROSS CO | NNECTION SURVEY REPORT | | | 3/1 | /2020 | | | | | | |
| | | Public Noti | fication R | Requirem | ents | | | | | | |
| | | Co. | mpliance | Notice | Public Not | <u>tification</u> | PN Cert | <u>ification</u> | | | |
| Violation, | /Situation | | Period | Tier | Required | Performed | Due to DPH | Received | | | |
| Pesticides | s, Herbicides and PCBs - Phase M | &R Violation 1/1/0 | 8 - 12/31/10 | 3 | 3/7/2012 | | 3/17/2012 | | | | |
| Asbestos I | M&R Violation | 1/1/0 | 2 - 12/31/10 | 3 | 3/7/2012 | | 3/17/2012 | | | | |
| | Water System Facility and Sampling Point Inventory | | | | | | | | | | |
| Water | | | | | Tot | al Lead a | nd | | | | |
| System | Water System Facility | Sampling Point | | int | Colife | | | Stage | | | |
| Facility ID | | | Description | | Status Ru | | ier Asbestos | WQP 2 DBPR | | | |
| 00600 | DISTRIBUTION SYSTEM | | DISTRIBUTIO | | A Y | | | | | | |
| | | | 4 BARBOURT | | P Y | | | | | | |
| | | DOWNSTREAM | | | A | | | | | | |
| | | | WITHIN 5 SEF | | Α | | | | | | |
| 00700 | ENTRY POINT | | ENTRY POINT | | Α | | | | | | |
| 10140 | WELL 1 | | WELL 1 | | Α | | | | | | |
| 11017 | WELL 2 | 2 | WELL 2 | | A | | | | | | |
| | | Certified C | Operator | Informat | ion | | | | | | |
| Water Sy | stem Facility: DISTRIBUTION | SYSTEM (WSF ID | : 00600) | | | | | | | | |
| Facility Cl | assification: SMALL WATER SYST | EM | | | | | | Certification | | | |
| Operator | Name | Operator Type | C | ertification(s | :) | | | Expiration | | | |
| GRANT, SI | HANE | CHIEF OPERATOR | R W | ATER TREAT | MENT PLANT | OPERATOR - | · CLASS II | 9/30/2020 | | | |
| | DISTRIBUTION SYSTEM OPERATOR - CLASS II 9/30/2020 | | | | | | | | | | |
| | | Cont | act Infor | mation | | | | | | | |
| Name | | Org | anization | | | | Job Title | | | | |
| Mr. Kevin | D. Case | Car | nton Public So | chools | | Superinten | dent | | | | |

Zip Code Mailing Address Line One Mailing Address Line Two City State 06019 4 Market St Suite 100 CT Canton **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 860-693-7704 10 860-693-7706 kcase@cantonschools.org Contact Role(s): Administrative Contact, Legal Contact

| | Connectici | it Depa | rtment o | of Public | Healti | ı pri | nking | water | Section | 1 | |
|--------------------|------------------|---------|---------------|------------------------|----------|---------|---------------------|-------------|------------|-------|--------------|
| | Wat | er Qua | lity Moni | itoring a | and Cor | nplia | ance S | chedul | e | | |
| PWS ID | PWS Name | | | | | Classi | fication | Population | Owner Type | Pri و | imary Source |
| CT0230392 | CHERRY BROOK S | CHOOL | | | | N | TNC | 615 | L | | GW |
| ocal Address (w | here applicable) | | | Service | Reside | ntial C | ommercia | al Industri | al Combin | ied | Agricultural |
| 4 BARBOURTOWN ROAD | | | | Connection | ons 1 | | | | | | |
| Towns Served: C | ANTON | | | · | · | · | | · | · | | |
| Name | | | | Organization Job Title | | | | | | | |
| Town of Canton | | | | | | | | | | | |
| Mailing Address | Line One | | Mailing Addre | ess Line Two | | | | City | State | : | Zip Code |
| P. O. Box 168 | | | | | | | Collinsv | ⁄ille | СТ | | 06022 |
| Business Phone | e Extension | Fax | Мо | bile Phone | Emergend | y Phon | Phone Email Address | | | | |
| | | | | | | | | | | | |
| Contact Polo(s) | Local Contact O | wnor | | | | | | | | - | |

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0235033 | CANTON PROFESSIONAL BUILDING | | | | NTNC | 35 | Р | GW |
| Local Address (v | where applicable) | Service | Residen | itial | Commerci | al Industri | al Combine | ed Agricultural |
| 191 ALBANY TU | RNPIKE | Connections | 1 | | | | | |

| Towns Served: CANTON | | , | ' |
|---|--------------------------|--------------------------|--------------------------|
| Monitori | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/18 - 12/31/20 | 6/1-9/30 | |
| | 1/1/21 - 12/31/23 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Nitrate And Nitrite (NOX) | | | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| B 11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1/1/20 - 12/31/22 | | (n=) |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | Advantaged D. J. J. | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| Ourselle Chamingle (MOSS) | 1/1/20 - 12/31/22 | 4 | (DT) |
| Organic Chemicals (VOCS) | Monitoring Dovied | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | | | 'D 11 | YY 3.3 | D | | | N.Y. | 0 | | |
|--------------|------------------------------|-----------------|--------------|--------------|----------|------------|---------|-----------|--------|-----------|----------------|
| | Connecticut Dep | | | | | | | | | ction | |
| | Water Qu | ality Monit | oring a | nd Con | npl | ianc | e Scl | hedul | e | | |
| PWS ID | PWS Name | | | | Clas | sification | on Po | pulation | Own | er Type P | rimary Source |
| CT0235033 | CANTON PROFESSIONAL E | BUILDING | | | | NTNC | | 35 | | Р | GW |
| Local Addres | ss (where applicable) | | Service | Residen | tial | Comme | ercial | Industri | al | Combined | l Agricultural |
| 191 ALBANY | TURNPIKE | | Connectio | ns 1 | | | | | | | |
| Towns Serve | d: CANTON | | | | | | | | | | |
| | | Monito | oring Re | quireme | nts | | | | | | |
| Water Syste | em Facility: ENTRY POINT | (WSF ID: 00700) | | | | | | | | | |
| Organic Ch | emicals (VOCS) | | | | | | | 1 rou | itine | (RT) per | three years |
| Samplii | ng Point (Sampling Point ID) | | | Monitori | ing Po | eriod | Colle | ction Pe | | | iance Status |
| ENTRY | POINT (3) | | | 1/1/17 - | 12/3 | 1/19 | | | | Co | omplete |
| | | | | 1/1/20 - | 12/3 | 1/22 | | | | | |
| | | Other C | omplian | ce Sched | lule | ·S | | | | | |
| Compliance | Schedule Activity | | | ı | Due l | Date | | Achie | ved L | Date | |
| CROSS CONN | NECTION SURVEY REPORT | | | | 3/1/2 | 2020 | | | | | |
| | Water | System Facili | ty and S | ampling | Poi | int In | vent | ory | | | |
| Water | | | | | | | Total | | | | |
| | /ater System Facility | Sampling Point | | | | (| Colifor | | | | Stage |
| Facility ID | | ID | Description | | | Status | Rule | Rule | Tier | Asbestos | WQP 2 DBPR |
| 00600 D | ISTRIBUTION SYSTEM | 4 | | ION SYSTEM | | Α | Υ | | | | |
| | | DOWNSTREAM | | | | Α | | | | | |
| | | UPSTREAM | WITHIN 5 | SERVICE CON | V | Α | | | | | |
| 00700 E | NTRY POINT | 3 | ENTRY POI | NT | | Α | | | | | |
| 10141 W | /ELL | 2 | WELL | | | Α | | | | | |
| | | Certified | Operato | or Inform | atio | on | | | | | |
| - | em Facility: DISTRIBUTION | | D: 00600) | | | | | | | | |
| | sification: SMALL WATER SYST | | | | | | | | | | Certification |
| Operator No | ıme | Operator Typ | е | Certificatio | n(s) | | | | | | Expiration |
| HELMING, TI | RAVIS | CHIEF OPERATO |)R | DISTRIBUTI | ON S | YSTEM | OPER/ | ATOR - CL | ASS I | II | 9/30/2019 |
| | | | | WATER TRE | ATM | 1ENT PL | ANT O | PERATOR | R - CL | ASS III | 9/30/2019 |
| BOLTE, LUTZ | | ASSIGNED OPER | RATOR | WATER TRE | ATM | 1ENT PL | ANT O | PERATOR | R - CL | ASS II | 9/30/2020 |
| | | | | DISTRIBUTI | ON S | YSTEM | OPER/ | ATOR - CL | ASS I | l | 9/30/2020 |
| | | Con | tact Info | ormation | | | | | | | |
| Name | | 0 | rganization | | | | | | | Job Title | |
| Ms. Amy C. | Paul | 4 | Sisters Cant | on, LLC | | | C | Owner | | | |
| Mailing Addı | ress Line One | Mailing Addres | s Line Two | | | | | City | | State | Zip Code |
| 26 Lofgren R | oad | P. O. Box 1058 | | | | Avc | n | | | СТ | 06001 |
| | | | | _ | | | | | | , | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Emergency Phone Email Address

Amy@4sistersllc.com

860-882-8593

Business Phone

860-798-4922

Extension

Contact Role(s): Legal Contact, Owner

Fax

| (| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | |
|----------------------------------|--|--------|-----------------|---------------------------|----------|---------|-------------------|----------------------|------------------|-----------------|--|--|
| | Wate | er Qua | lity Monito | oring an | d Con | nplia | nce S | chedul | le | | | |
| PWS ID F | PWS Name | | | | | Classif | ication | Population | Owner Type | Primary Source | | |
| CT0235033 | 33 CANTON PROFESSIONAL BUILDING | | | | | | NC | 35 | Р | GW | | |
| Local Address (where applicable) | | | | Service | Resider | tial Co | mmercia | l Industri | al Combine | ed Agricultural | | |
| 191 ALBANY TURNPIKE | | | | Connections | 1 | | | | | | | |
| Towns Served: CA | NTON | | | | | ' | | | 1 | | | |
| Name | | | Or | ganization | | | | | Job Title | | | |
| Ms. Kim Tellerico | | | Fig | Figure Eight Properties F | | | | Property | Property Manager | | | |
| Mailing Address L | ine One | | Mailing Address | ess Line Two | | | City | | State | Zip Code | | |
| 433 South Main S | treet | | | | | | West H | artford | СТ | 06110 | | |
| Business Phone | Extension | Fax | Mobil | e Phone E | mergency | / Phone | one Email Address | | | | | |
| 860-313-5400 | 133 | | | | 860-919 | -1833 | kim@f8 | kim@f8properties.com | | | | |
| Contact Role(s): | Administrative Co | ontact | 1 | , | | | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID PWS Name CI | | | | | ssification | Population | Owner Type | Primary Source |
|--------------------|------------------|-------------|--|-----------|-------------|------------|-----------------|----------------|
| CT0230164 | JONIS CHILD CARE | | | | NTNC | 112 | Р | GW |
| Local Address (v | Service | Residentia | | Commercia | al Industri | al Combine | ed Agricultural | |
| 352 ALBANY TU | RNPIKE | Connections | | | 2 | | | |

| Towns Served: CANTON | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring R | equirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600 |) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 6/30/19 | | |
| | 7/1/19 - 12/31/19 | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Organic Chemicals (VOCS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 10/1/18 - 12/31/18 | | |
| | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|----------------------------------|------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0230164 | JONIS CHILD CARE | | | | NTNC | 112 | Р | GW |
| Local Address (where applicable) | | Service | Resider | itial | Commercia | al Industri | al Combine | ed Agricultural |
| 352 ALBANY TU | RNPIKE | Connections | | | 2 | | | |

Towns Served: CANTON

| Monitoring | Requirements |
|------------|--------------|
| | |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Organic Chemicals (VOCS) | 1 rout | ine (RT) per quarter | |
|------------------------------------|-------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |

| Other Co | ompliance | Schedules |
|----------|-----------|-----------|
|----------|-----------|-----------|

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|-----------|---------------|
| SWTS 1: PWS TO RECOMMEND SOWT | 6/30/2010 | |
| CCTS 1: PWS TO RECOMMEND OCCT | 6/30/2010 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2011 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2011 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2012 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2012 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2013 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2013 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2014 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2014 | |
| CROSS CONNECTION EXEMPTION | 3/1/2015 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2015 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2015 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2016 | |

| Public Notification Re | quirements |
|-------------------------------|------------|
|-------------------------------|------------|

| | Compliance | Notice | Public Notification | | PN Certification | |
|---------------------------------|--------------------|--------|----------------------------|-----------|------------------|----------|
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received |
| Organic Chemicals M&R Violation | 10/1/18 - 12/31/18 | 3 | 3/5/2020 | | 3/15/2020 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Asbestos | WQP | Stage 2 DBPR |
|--------------------------------|-----------------------|----------------------|----------------------------|--------|---------------------------|--------------|-----|-----------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 20477 | WELL | 2 | W/FI I | Δ | | | | |

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name Operator Type Certification(s)

Certification Expiration

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
|--|--|-------------|---------|-------|-------------|-------------|------------|-----------------|--|
| PWS ID PWS Name | | | | | ssification | Population | Owner Type | Primary Source | |
| CT0230164 JONIS CHILD CARE | | | | | NTNC | 112 | Р | GW | |
| Local Address (where applicable) Serv | | | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultural | |
| 352 ALBANY TURNPIKE | | Connections | | | 2 | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: CANTON

| | | | Certifie | ed Operat | or Information | 1 | | | | | |
|-------------------------|-----------------|------------------------|-------------|---------------|------------------|-------------------|-------------|-------------------|---------------|--|--|
| Water System Fac | cility: DISTRI | BUTION S | YSTEM (WS | F ID: 00600) | | | | | | | |
| Facility Classification | on: SMALL WA | TER SYSTEM | 1 | | | | | | Certification | | |
| Operator Name | | | Operator 1 | Гуре | Certification(s) | | | | Expiration | | |
| CHOUINARD, THOM | 1AS | | CHIEF OPERA | ATOR | WATER TREATMEN | IT PLANT | OPERATOR | - CLASS I | 12/31/2020 | | |
| EVON, BRYAN | | | ASSIGNED O | PERATOR | WATER TREATMEN | IT PLANT | OPERATOR | - CLASS I | 9/30/2021 | | |
| | | | C | ontact Inf | ormation | | | | | | |
| Name | | Organization Job Title | | | | | | | | | |
| Mr. Pete Mavoides | | | | Essential Pro | perties | President And Ced | | President And Ceo | | | |
| Mailing Address Lin | e One | | Mailing Add | ress Line Two | | City State | | | Zip Code | | |
| 47 Hulfish St | | | Suite 210 | | | Princeton NJ | | | 08542 | | |
| Business Phone | Extension | Fax | M | obile Phone | Emergency Phone | Email Address | | | | | |
| 609-436-0619 | | | | | | info@es | sentialprop | erties.com | | | |
| Contact Role(s): Le | gal Contact, O | wner | | | | | | | | | |
| Name | | | | Organization | 1 | | | Job Title | | | |
| Mr. David Tyler | | | | Jonis Childca | re | | V.P. Financ | e | | | |
| Mailing Address Lin | e One | | Mailing Add | ress Line Two | | | City | State | Zip Code | | |
| 352 Albany Tpke | | | | | Canton CT | | СТ | 06019 | | | |
| Business Phone | Extension | Fax | M | obile Phone | Emergency Phone | Email Ad | ddress | | | | |
| 480-793-6982 | | | | | | | | | | | |
| Contact Role(s): A | dministrative (| Contact | | | | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID PWS Name | | | | | ssification | Population | Owner Type | Primary Source |
|----------------------------------|---|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0235063 | 235063 STEPPING STONES EDUCATIONAL CENTER | | | | | 95 | Р | GW |
| Local Address (where applicable) | | Service | Residen | itial | Commerci | al Industri | al Combine | ed Agricultural |
| 370 ALBANY TURNPIKE | | Connections | 1 | | | | | |

| Towns Served: CANTON | | | |
|---|--------------------------|--------------------------|----------------------|
| Monitorin | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | <u> </u> | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/18 - 12/31/18 | 6/1-9/30 | Complete |
| | 1/1/19 - 12/31/19 | 6/1-9/30 | |
| | 1/1/20 - 12/31/20 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Di(2-Ethylhexyl) - Phthalate (2039) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/16 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/21 | | |
| | 1/1/22 - 12/31/24 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | · |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Con | necticut Departmen Water Quality Mo | | | | · · | | |
|------------------------|---|-----------------------|------------------|------------|------------------|---------------|-------------------|
| PWS ID PWS I | | meering am | | | on Population O | | imary Sour |
| | PING STONES EDUCATIONAL CENT | FR | Ci | NTNC | 95 | P | GW |
| Local Address (where a | | Service | Residentia | | | Combined | Agricultur |
| 370 ALBANY TURNPIKE | ** | Connections | 1 | Commi | industrial | Combined | 7 Gileattai |
| Towns Served: CANTO | | | _ | | | | |
| owns serveur Gravite | | onitoring Requ | irement | ts | | | |
| Water System Facilit | y: ENTRY POINT (WSF ID: 00 | 700) | | | | | |
| Pesticides, Herbicid | les and PCBs-Phase II (SOC2) | | | | 1 routi | ne (RT) per t | hree year |
| Sampling Point (S | Sampling Point ID) | | Monitoring | Period | Collection Perio | od Complia | ınce Status |
| | | | 1/1/20 - 12 | /31/22 | | | |
| Pesticides, Herbicid | les and PCBs-Phase V (SOC5) | | | | 1 routi | ne (RT) per t | hree year |
| Sampling Point (S | Sampling Point ID) | | Monitoring | Period | Collection Perio | od Complia | ince Status |
| ENTRY POINT (3) | | | 1/1/17 - 12 | /31/19 | | Cor | nplete |
| | | | 1/1/20 - 12 | /31/22 | | | |
| Organic Chemicals | (VOCS) | | | | 1 routi | ne (RT) per t | hree year |
| Sampling Point (S | Sampling Point ID) | | Monitoring | Period | Collection Perio | od Complia | ince Status |
| ENTRY POINT (3) | | | 1/1/16 - 12 | /31/18 | | Cor | nplete |
| | | | 1/1/19 - 12 | /31/21 | | | |
| | | | 1/1/22 - 12 | /31/24 | | | |
| N | Nonthly Water System F | acility (WSF) L | evel Mo | nitorii | ng Requirem | ents | |
| Water System Facilit | y: ENTRY POINT (WSFID: 007 | '00) | | | | | |
| Analyte | Monitoring Requirement (S | - | Operat | ting Limit | | Samples Re | a/Month |
| рН | Entry Point pH Monitoring (| | - | um: 7 PH | | 4 | |
| Start Date: 1/1/20 | , , | • | nce History | | Operating Limit | Monitori | nσ |
| -, -, -, | | | ing Period | | Compliance Stat | | າເຣ າce Status |
| | | | 18 - 11/30/2 | 2018 | Compilarite stat | | N |
| | | 12/1/20 | 18 - 12/31/2 | 2018 | | | N |
| | | | 9 - 1/31/201 | | | | N |
| | | | 9 - 2/28/202 | | | | N |
| | | | 9 - 3/31/201 | | | | |
| | | | 9 - 4/30/202 | | | | |
| | Othe | er Compliance | Schedu | les | | | |
| Compliance Schedule | Activity | | Du | e Date | Achieve | ed Date | |
| UBMIT LEAD CONSUM | MER NOTICE CERTIFICATE | | 12/2 | 29/2013 | | | |
| ROSS CONNECTION E | XEMPTION | | 3/1 | 1/2020 | | | |
| | Public | Notification R | eauirem | nents | | | |
| | | Compliance | Notice | | c Notification | PN Certi | fication |
| /iolation/Situation | | Period | Tier | Require | | Due to DPH | Receive |
| . Coli | | 1/1/18 - 3/31/18 | 3 | 5/24/20 | | 6/3/2019 | |
| | Water System F | | npling P | | | | |
| Water | | | . 69 | J 111 | Total Lead a | nd | |
| System Water Syste | em Facility Samplina I | Point Sampling Poi | nt | | Coliform Coppe | | Stag |
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Doccrintion | | | | | |

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Description

ENTRY POINT

WELL 1

ID

2

3

4

Facility ID

00600

DISTRIBUTION SYSTEM

Rule Tier Asbestos WQP 2 DBPR

Υ

Υ

Rule

Υ

Status

Α

Α

Α

Schedule Generation Date: 4/11/2019 Page 11

DISTRIBUTION SYSTEM

| | Connecticut Department of | Public H | leaith | וש | rinking | g water | Section | |
|---|------------------------------------|-------------|---------|-------|-------------|-------------|------------|---------------------------------------|
| | Water Quality Monit | oring an | d Con | np | liance S | Schedul | e | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
| CT0235063 | STEPPING STONES EDUCATIONAL CENTER | | | | NTNC | 95 | Р | GW |
| Local Address (where applicable) Service Reside | | | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 370 ALBANY TURNPIKE | | Connections | 1 | | | | | |
| Towns Served: | CANTON | " | | | | | | · · · · · · · · · · · · · · · · · · · |

Water System Facility and Compling Daint Invent

| | | Water Sy | stem Facil | lity and S | ampling Poir | nt Inver | itory | | | | |
|--|------------------------|---------------|----------------------|---|--------------------------|--------------|----------|-------------------------|-----------|--------|-----------------|
| Water System Facility ID | Water System Faci | lity : | Sampling Point ID | t Sampling I | _ | Tot Colif | orm Cop | d and oper e Tier | Asbestos | WQP | Stage 2 DBPI |
| | | | BR1 | BOYS ROO | | A | | N | | | |
| | | | BR2 | BOYS RM 2 | ND FLOOR | Α | | N | | | |
| | | | DOWNSTREAM | 1 WITHIN 5 S | SERVICE CON | Α | | | | | |
| | | | GR1 | GIRLS ROO | М | Α | | N | | | |
| | | | GR2 | GIRLS RM 2 | 2ND FLOOR | Α | | N | | | |
| | | | K1 | KITCHEN F | KITCHEN FAUCET | | <i>(</i> | N | | Υ | |
| | | | OF | OUTSIDE F | AUCET | Α | | | | | |
| | | | UPSTREAM | WITHIN 5 S | SERVICE CON | Α | | | | | |
| | | | WT | WATER TR | EATMENT | Α | | | | | |
| 00700 | ENTRY POINT | | 3 | ENTRY POI | NT | Α | | | | | |
| 10725 | WELL 1 | | 2 | WELL 1 | | Α | | | | | |
| 1150 | WATER TREATMEN | Т | | | | | | | | | |
| | | | Certified | Operato | r Informatio | n | | | | | |
| Water Sys | tem Facility: W | TER TREATMI | ENT (WSF ID: | 1150) | | | | | | | |
| Facility Cla | ssification: CLASS 1 | 1 TREATMENT P | LANT | | | | | | | Certif | ication |
| Operator N | lame | | Operator Typ | pe | Certification(s) | | | | | Expi | ration |
| CHOUINAR | D, THOMAS | | CHIEF OPERAT | OR WATER TREATMENT PLANT OPERATOR - CLASS I | | | | | ASS I | 12/3 | 1/2020 |
| | | | Cor | ntact Info | rmation | | | | | | |
| Name | | | C | Organization | rganization | | | | Job Title | | |
| Ms. Elaine | Smith | | S | tepping Ston | epping Stones Ed. Center | | | er | | | |
| Mailing Address Line One Mailing Address | | | ss Line Two | | | City | | State | Zip C | ode | |
| 370 Albany Turnpike P.O. Box 523 | | | | Canton | | | СТ | 060 | 19 | | |
| Business | Phone Extensio | n Fax | Mob | ile Phone | Emergency Phon | e Email A | ddress | | | | |
| 860-693 | -6294 | 860-693-9 | 9685 | | 860-693-2852 | | | | | | |
| Contact Ro | le(s): Owner | | | | | | | | | | |
| | | | | | | | 1 | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Organization

Mobile Phone

Mailing Address Line Two

Stepping Stones Ed Center, Inc

Job Title

State

CT

Zip Code

06019

City

Canton

Emergency Phone Email Address

Name

Mr. Robert S. Amrein

370 Albany Turnpike

Business Phone

860-693-2852

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

| Connecticut Department of Public Health Drinking Water Section | |
|--|--|
| Water Quality Monitoring and Compliance Schedule | |

| | <u>Carana</u> | - 0 | | 1 | | | |
|----------------------------------|------------------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID PWS Name | | | | Classification | Population | Owner Type | Primary Source |
| CT0235063 | STEPPING STONES EDUCATIONAL CENTER | NTNC | 95 | Р | GW | | |
| Local Address (where applicable) | | Service | Resider | ntial Commerci | ial Industri | al Combine | ed Agricultural |
| 370 ALBANY TURNPIKE | | Connections | 1 | | | | |
| | | | | | | | |

Towns Served: CANTON

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End of schedule